Please type a plus sign in this box	:	1	PTO/SB/01 (3-97 Approved for use through 6/30/91, OMB 0651-0037								
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DECLARAT	OR	Attorney Doc	ket No.	71	198-0063						
UTILITY OF	DESI	GN	First Named		Jo	hn Sirowatka					
PATENT APP	TON		COMPLETE IF KNOWN								
			Application No	. T							
Declaration	Пр	eclaration	Filing Date	_							
submitted with or	SI	ibmitted after	Group Art Unit								
initial filing	itial filine	Examiner Nam									
			Examine, Ivani	Examined Date							
As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
1 believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint											
inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought											
on the invention entitled:											
DOUBLE-HINGE PLATE, FOLDABLE TRUSS INCORPORATING THE SAME, AND METHODS											
FC	R ASSE	MBLING AND I	ERECTING A FOLD/	BLE TRUS	3						
		(Ti	tle of the Inventio	n)							
the specification of which											
is attached hereto											
or .											
was filed on, as United States Application Number or PCT International Application Number: and was amended on (if applicable).											
Number:		and was ame	nded on	(ıt appl	icable).					
I hambu stata that I have so	arianna d	and understan	d the sentents of th	a abassa id	:E	lamadifiantian i	andrediene she				
I hereby state that I have re					aimieo	i specification, i	nciwoung the				
claims, as amended by any	ATTRICALLY	men specialea	ily releates to spoy	C.							
I acknowledge the duty to	Fortoce	information w	hich is material to s	vatentahilita	oc def	med in Title 27	Code of				
Federal Regulations § 1.56		THOREGION A	men e meneren en l	MILLIANUL	as aci	4504 M 1 MC 31	, couc os				
I hereby claim foreign prior	_	efits under Titl	e 35 United States	Code \$110	(2)_(4)	of any foreign	analication(c)				
for patent or inventor's cer				_			••				
country other than the Unit											
any foreign application for											
date before that of the appli						Tr					
Prior Forcign Application Country Forcign Filing Date Priority Certified Copy Attache											
Number(s)	4_		(MM/DD/YY)	Not Ch	imed	YES	NO NO				
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Additional foreign application	aumbers	are listed on a sup	plemental priority data s	heet PTO/SB/	V2B atta	ched hereto:	_=_				
Thereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.											
Application Number (s) Filing Date (M			MM/DD/YY)	Additional provisional application							
(6010.070			(nama	numbers are listed on a supplemental							
60/319,363		0	6/27/02	priority data sheet PTO/SB/02B							
		ļ		attached hereto.							

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I hereby claim the benefit and America, listed below and, in matter provided by the first pa 37, Code of Federal Regulation application.	er Title 35, Uni rofar as the subj ragraph of Title	ed States Code § ect matter of each : 35, United State	120 of any Unit h of the claims o s Code §112, La	ed State f this a echaer	tes application	ration(s) of any P no is not disclosed te duty to disclose	CT inters in the pr	national application of the state of the sta	ation design es or PCT los esterial to pa	temations temabilit	d appli y as de	cation in the fixed in Title	
U.S Parent Application		PCT	PCT Parent			Parent Filing Date			Parent Patent Number				
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Additional U.S. or	PCT internat	ional applicati	ion numbers :	are lis	sted on	a supplementa	l priorit	ty data shee	PTO/SB/	02B atta	ched	hereto.	
As a named inventor, I h							this app	lication and	to transact	t all bus	iness	in the	
Patent and Trademark Office connected therewith: Customer Number 20915 Or Registered practitioner(s) name/registration number listed below Label Here								ode					
Name	nne Registration No				Name				Registration No.				
John E. McGarry		22,360			G. Thomas Williams				42,228				
Joel E. Bair	33,356 Michael F. Kelly 50,859												
Mark A. Davis 37,118													
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspondence to Customer Number or Bar Code Label				_	20915 or □ Co			Corres	orrespondence Address below				
Name		G. Thomas Williams, Reg. No. 42,228 McGarry Bair №											
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City, State, Zip	Grand Ra	pids, Mich	igan 49503			-							
Country	US	T	elephone	П	616-7	42-3500		Fax	616-74	1 2-101	0		
I hereby declare that all states													
statements were made with th United States Code and that s									NOTEL MERCET S	ection 10	yi er T	icie 18 oi fhé	
Name of Sole or 1	irst Inve	ntor		petit	ion ha	s been filed	for t	nis unsign	ed inver	ntor.		-	
Given Name (first and middle [if any])					Family Name or Surname								
John	,				Siro	watka							
Inventor's Signature	79	Jan S		l				Dat	ed 6	23 0	3		
Residence: City	Alto	d -	State	М	ı ,	Country	US		Citize	asbip		US	
Post Office Address	8222 Timpson Avenue, S.E.												
City	Alto		State	М	11	Zip	4930	2	Count	7	US		
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